

**DISTRICT OF COLUMBIA GOVERNMENT
Mayor's Office on Latino Affairs**

**FY 2015 Latino Community Health Grant
RFA # LCH-22615-15**

GRANT APPLICATION PROFILE – Fiscal Year 2015

Organization:
Employer Identification Number (EIN):
Project Title:
Duration (Begin/End Dates):

PROJECT COST

Funding Requested (OLA): \$

Total Project Budget: \$

OFFICIAL AUTHORIZING THIS APPLICATION

Name and Title:
Telephone:
Fax:

PROJECT DIRECTOR

Name:
Title:
Address:
Telephone:
Email:
Fax:

FINANCIAL OFFICER:

Name:
Title:
Address:
Telephone:
Email:
Fax:

Application is made for a grant under the above-mentioned FY 2015 Latino Community Health Grant to the District of Columbia in the amount of and for the purpose stated herein.

I certify that is application, if awarded, will conform to the conditions set forth by the Mayor's Office on Latino Affairs.

Signature of Authorized Official

Date